

Research Report

Recovery with Limited Progress: Impact of California Proposition 209 on Racial/Ethnic Diversity of California Medical School Matriculants, 1990 to 2019

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Abstract / Overview

Passage of California Proposition 209 in 1996 prohibited the consideration of race, sex, color, ethnicity, or national origin in public education, employment and contracting. This brief extends previous studies of the impact of Proposition 209 on the racial/ethnic diversity of California medical students by providing a thirty-year longitudinal assessment (1990 – 2019) of its effects. Our analyses reveal that while there has been some recovery of losses in Latinx and Black/African American matriculants that occurred immediately after Proposition 209 was enacted, progress has been limited. We conclude with several recommendations from the California Future Health Workforce Commission for key investments to increase racial/ethnic diversity in California medical schools.

The mission of Healthforce Center is to equip health care organizations with the workforce knowledge and leadership skills to effect positive change. To learn more go to healthforce.ucsf.edu. The mission of the Latinx Center of Excellence is to improve the health and healthcare of California through the development of diverse physician leaders and through research, education and advocacy. To learn more go to latinx.ucsf.edu.

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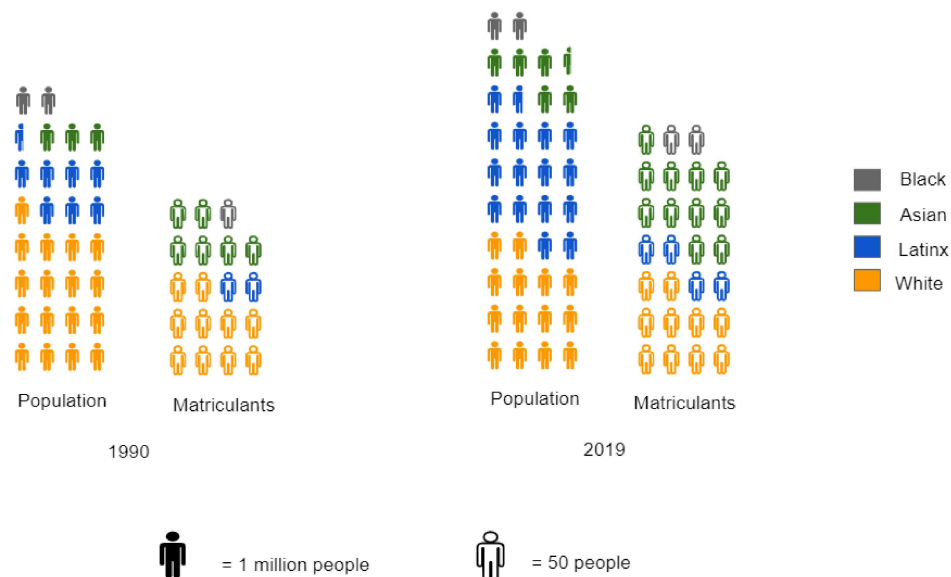
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Key Findings

- The absolute number of Latinx medical student matriculants to California medical schools decreased from 113 (1990) to a low of 92 (1997) immediately following the enactment of Proposition 209 and then increased over time to 200 (2019). UC medical schools accounted for the majority of growth in Latinx matriculants.
- The proportion of Latinx matriculants in California’s medical schools increased from 11 percent (1990) to 14 percent (2019) with a peak of 17 percent in 2016. This overall increase was preceded by a low of 9 percent, following the enactment of Proposition 209.
- Because the Latinx population of California grew tremendously during these 30 years, from 26 percent (1990) to 39 percent (2019) of the population, the number of Latinx medical students has fallen further behind the numbers needed to provide ethnically concordant care.
- Matriculation patterns for Black/African American students are similar to those of Latinx students: a growth in absolute number of medical students, from 63 (1990) to 121 (2019), yet only a modest change in the proportion of medical school matriculants overall, moving from 6 percent (1990) to 8 percent (2019), with a post-Proposition 209 high of 9 percent from 2014 through 2016.
- Black/African American matriculation increased primarily in the UC medical schools. In California’s private medical schools, the proportion of Black/African American students matriculating fell over the 30-year period, from 6 percent (1990) to 5 percent (2019).
- Overall, our analyses indicate that over the last 30 years, there has been insufficient progress in achieving the required level of diversity within California’s medical schools to meet the needs of California’s diverse population (Figure 1).

Figure 1. Growth in California Population and Medical School Matriculation Numbers, 1990 – 2019



Background

In 1995, the Regents of the University of California (UC) approved SP-1 and SP-2, which prohibited the use of affirmative action, the practice of considering race, religion, sex, color or national origin in admissions, employment and contracting at UC campuses.¹ In 1996, Californians passed Proposition 209, an initiative that prohibited considering individuals' "race, sex, color, ethnicity or national origin" in admissions to all public colleges and universities, public employment and public contracting.²

Studies that examined the early impact of Proposition 209 (and the SP-1 and SP-2 policies enacted the prior year) found that they resulted in lower application, acceptance and matriculation rates of Underrepresented in Medicine (URM) students – who encompass Black/African American, Latinx and Native Americans students – into California medical schools.³

This brief extends the earlier analyses by providing a longitudinal assessment of the impact of Proposition 209 on medical student race/ethnicity diversity in California's MD-degree granting medical schools from academic year 1990 – 1991 through academic year 2019 – 2020 (hereafter referred to as 1990 to 2019).

We situate these analyses within four broader contexts:

- Establishment of Programs in Medical Education (PRIME)
- Implementation of holistic review in medical school admissions
- Growth in the number of first-year seats in both public and private medical schools in California
- The changing demographics within the state's population

Programs in Medical Education (PRIME)

The six PRIME programs are innovative medical school programs focus on increasing the number of physicians committed to caring for the underserved populations of California. The first program was established in 2004 at UC Irvine and then expanded to three additional campuses in 2007 (UC San Francisco, UC San Diego and UC Davis).⁴ The UCLA (in partnership with Charles Drew University) and UC Merced (in partnership with UCSF and UC Davis) PRIME programs accepted their first cohorts in 2008 and 2011, respectively.⁴ The programs provide dedicated education and additional training to students to prepare them to meet the needs of medically underserved populations. The programs have expanded the number of first-year seats at the five UC medical schools that existed prior to the enactment of Proposition 209 (UC Davis, UCI, UCLA, UCSD, and UCSF). Each of the six programs (including UC Merced San Joaquin Valley PRIME) has supplemental admissions criteria and targeted student recruitment. The six programs enrolled a total of 354 medical students in 2018.⁵ The majority (64 percent) of PRIME students are from racial/ethnic groups that are underrepresented in medicine.⁵

Holistic Review

Holistic review is a framework for incorporating a wide range of factors into admissions decisions. Colleges and universities that undertake holistic review take into consideration scores on standardized tests and undergraduate grade point average (GPA) as well as personal attributes and life experiences that align with the school's institutional mission and desire to enroll a diverse group of students. Although holistic review does not directly target students from underrepresented racial/ethnic groups, underrepresented applicants may nonetheless benefit from additional consideration of their challenges and prior opportunities. In 2010, the Association of American Medical Colleges issued its "Road Map to Diversity," which encouraged medical schools to adopt holistic review and provided tools that admissions committees could use to implement it.⁶⁻⁸ Studies of medical schools that have implemented holistic review have found that its implementation is associated with an increase in admission of

students from underrepresented racial/ethnic groups.⁹⁻¹¹ In 2002, UC Berkeley became the first UC campus to implement holistic review in the undergraduate admissions process. Holistic review has since been adopted by five additional UC campuses (UCLA in 2007, UCSD and UCI in 2011, and UC Davis and UC Santa Cruz in 2012). According to the work of Zachary Bleemer, implementation of holistic review on these undergraduate campuses increased enrollment of students from underrepresented groups by approximately six percent at each participating campus.¹²

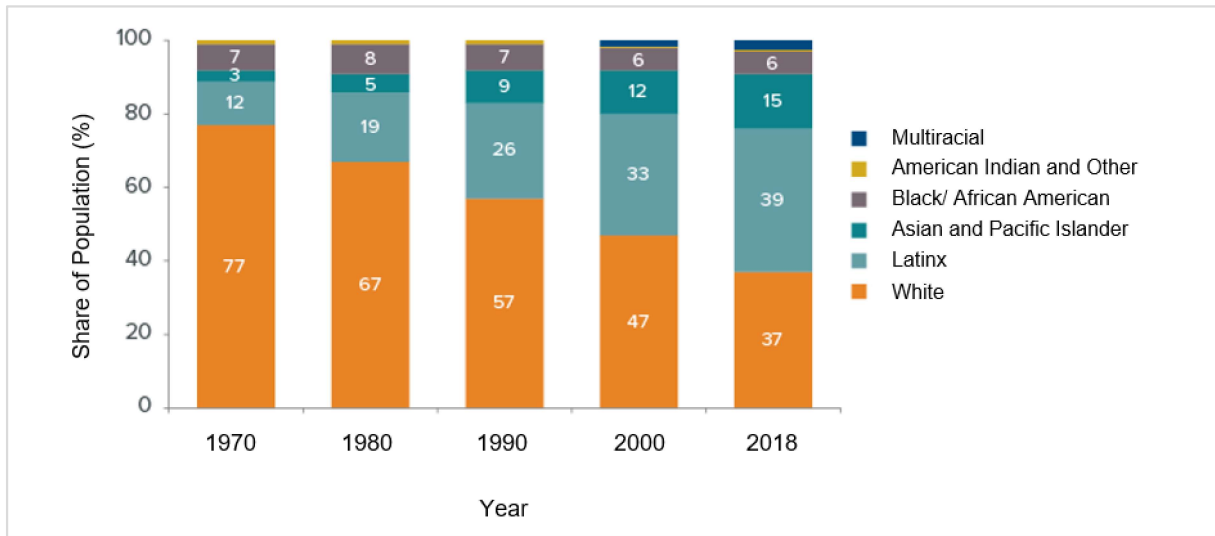
Growth in First Year Medical Students

Six new medical schools opened in California over the last 30 years, all but one in the last decade (Appendix A). Of these six medical schools, three are MD-degree granting programs and are included in these analyses. [See note for details on the three schools not included.] The University of California opened a sixth medical school on the UC Riverside campus that enrolled its first class in 2013. California Northstate University College of Medicine, a private, for-profit school located in Sacramento County, began admitting students in 2015. California University of Science and Medicine, a private, not-for-profit university in San Bernardino County, enrolled its first students in 2018. The opening of these new medical schools, coupled with the modest growth of enrollment at UC campuses associated with the PRIME programs, has created opportunities for additional enrollment in California medical schools.

Demographic Trends in California's Population

There were substantial changes in the population demographics of California from 1990 to 2019. In 1990, Whites constituted 57 percent of the state's population and Latinx 26 percent. In 2014, the Latinx population surpassed Whites to become the largest ethnic group in California.¹³ In 2018, the racial/ethnic breakdown of the California population was as follows: 39 percent Latinx, 37 percent White, 15 percent Asian, 6 percent Black/African American, 3 percent multiracial and <1 percent American Indian or Pacific Islander¹³ (Figure 2). There has also been substantial growth in the Asian population during this period, though not to the same extent as the Latinx population.

¹ One new allopathic (MD-granting) medical school, the Kaiser Permanente Bernard J. Tyson School of Medicine, is not included because it did not begin enrolling students until the fall of 2020. Two osteopathic medical schools, Touro University California and California Health Sciences University, which enrolled their first classes in 1997 and 2020, respectively, are also not included in this analysis.

Figure 2. California's Population by Race/Ethnicity, 1970 – 2018

Source: California Department of Finance 1970 – 2000; American Community Survey 2018. Accessed Johnson, H., McGhee, E., and Mejia, M.C. (2020, April). California's Population. Public Policy Institute of California. <https://www.ppic.org/publication/californias-population/>¹³

Methods

We obtained data from the Association of American Medical Colleges (AAMC) on all matriculants to California MD-granting medical schools by race/ethnicity and medical school ownership (private or public) for the academic years of 1990 – 1991 through 2019 – 2020. We assessed yearly trends in total counts (absolute numbers) and in proportions of matriculants by race/ethnicity to California medical schools. Additionally, we looked at the ratio of matriculants per 100,000 population by race/ethnicity for the years of 1990, 2000, 2010 and 2019 using population data from the US Census and American Community Survey.

Individuals were included in the total count for a racial/ethnic group if they indicated the group either “alone” or “in-combination” on the Electronic Residency Application Service (ERAS) AAMC medical school application form.ⁱⁱ In-combination refers to those individuals that selected multiple race/ethnicity groups, and therefore, would be counted more than once for each racial/ethnic group. In these analyses, we focused on the following racial/ethnic groups: Latinx, Black/African American, White and Asian.^{iii,iv} To assess trends in matriculation, we used unduplicated numbers of total matriculants by academic year.

ⁱⁱ Prior to 2002, the AAMC only allowed individuals to select one race/ethnicity category. From 2002 to 2012, the AAMC changed their methodology for collecting race/ethnicity data by asking two questions – one question allowed applicants to select the race or races with which they identified and the second question about Hispanic, Latino or Spanish origin. In 2013, the AAMC started using a single question that displays all the race and Hispanic, Latino or Spanish origin categories that an individual could select and allows individuals to select more than one race/ethnicity.

ⁱⁱⁱ The corresponding graphs for White and Asian medical school matriculants are available in Appendix C.

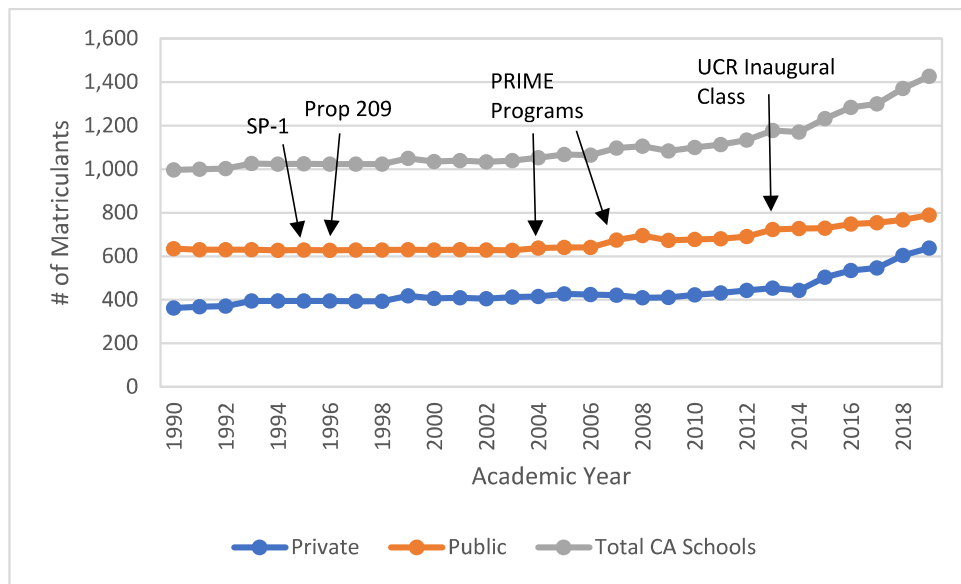
^{iv} Due to small numbers, Pacific Islander and American Indian/Alaska Native analyses have been excluded from the main findings presented in this brief. Data on trends for American Indian/Alaska Native medical students are contained in Appendix D.

Results

Trends in Matriculation to California Medical Schools

Over the course of the 30-year period from 1990 to 2019, there was a total increase of 431 (+43 percent) first-year medical students in California (Figure 3). The number of first-year medical students in the six public medical schools increased by 155, while the number in the five private medical schools increased by 276, accounting for 64 percent of the total gain in student admission seats during this period. Nationwide, the number of first-year medical students increased by 37 percent during this period.¹⁴

Figure 3. Total Number Matriculants to Public and Private California Medical Schools from 1990 – 2019

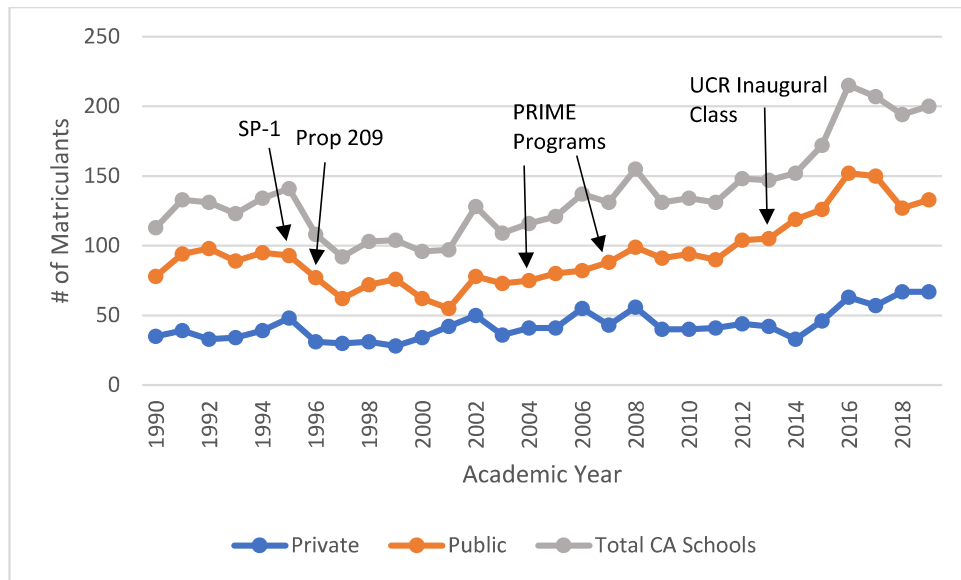


Source: Association of American Medical Colleges Applicant Matriculant Data File, authors’ tabulation.

Trends in Matriculation to California Medical Schools by Race/Ethnicity

Latinx Matriculants

From 1990 to 2019, the number of Latinx matriculants to California medical schools increased from 113 to 200 students, an increase of 87 students (77 percent) (Figure 4). The number of Latinx matriculants to all California medical schools decreased to a low of 92 (1997), immediately following the enactment of Proposition 209 and then increased over time to 200 (2019). The number of Latinx matriculants at public medical schools peaked at 98 in 1992, and was followed by a precipitous drop after the enactment of SP-1 and Proposition 209, reaching a low of 55 students in 2001. Since then, the number of Latinx matriculants at both public schools and private schools has risen, with public schools enrolling an all-time high of 152 Latinx matriculants in 2016 and private schools plateauing in recent years at an all-time high of 67 Latinx matriculants in 2018 and 2019.

Figure 4. Number of Latinx Matriculants to Public and Private California Medical Schools from 1990 – 2019

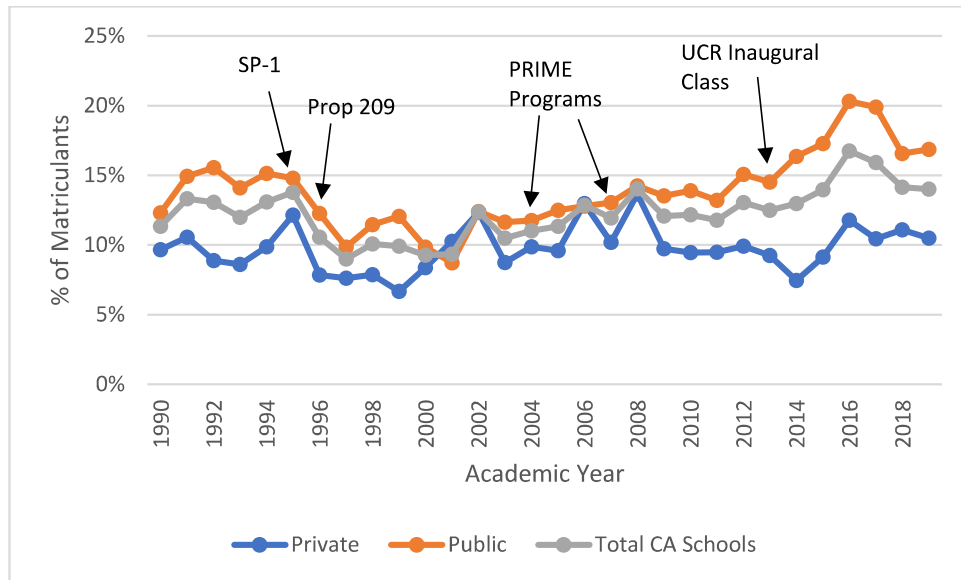
Source: Association of American Medical Colleges Applicant Matriculant Data File, authors' tabulation.

While these increases are noteworthy, they need to be contextualized within the increase in total number of first-year students in California's medical schools during this time. Despite the increase in number of Latinx students, the proportion of Latinx matriculants is only marginally higher than that of the early 1990s. The proportion of Latinx matriculants increased from 11 percent in 1990 to 14 percent in 2019, with a peak of 17 percent in 2016. This overall increase was preceded by decreases following the enactment of Proposition 209, reaching a low of 9 percent in 2001. Overall, these data indicate limited progress toward increasing the proportion of Latinx medical students in the state.

The proportion of Latinx matriculants at public medical schools increased from 12 percent in 1990 to a high of 16 percent in 1992 and subsequently declined until the early 2000s (Figure 5). Since then, the Latinx proportion has increased, rising to a high of 20 percent in 2016 and 2017 before falling to 17 percent in 2019, a proportion only marginally better than that of the pre-Proposition 209 era.

In contrast, the Latinx proportion of matriculants at private medical schools has not rebounded. The proportion of Latinx matriculants at private schools increased from 10 percent to 12 percent between 1990 and 1995, fell to 7 percent in 1999, peaked at 14 percent in 2008 and then declined and leveled off at 11 percent in 2019.

Figure 5. Proportion of Latinx Matriculants to Public and Private California Medical Schools from 1990 – 2019

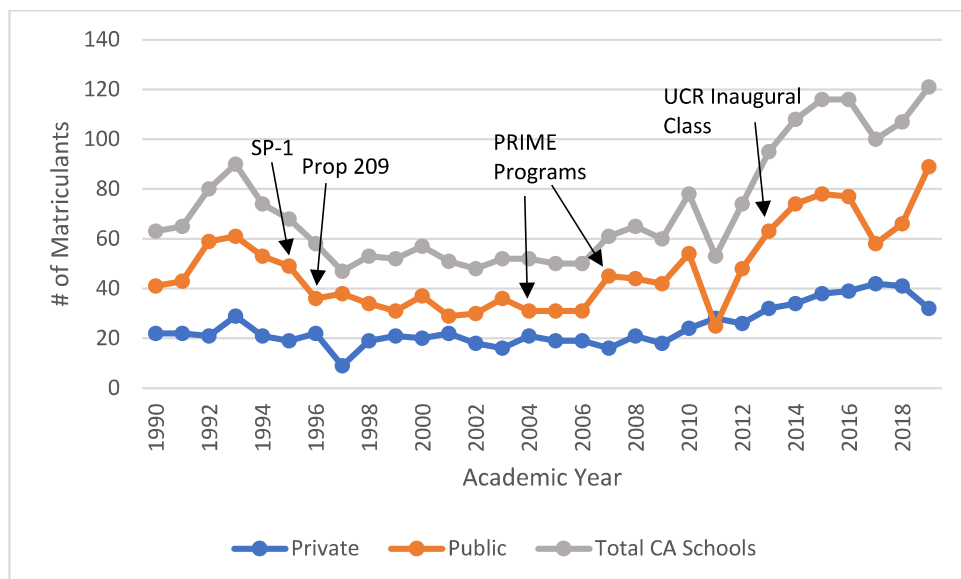


Source: Association of American Medical Colleges Applicant Matriculant Data File, authors’ tabulation.

Black/African American Matriculants

From 1990 to 2019, the number of Black/African American matriculants at California medical schools increased from 63 to 121 students (92 percent) (Figure 6). Public medical schools accounted for most of this increase: the number of Black/African American matriculants at public medical schools increased from 41 to 89 students (117 percent). The number of Black/African American matriculants at private medical schools increased from 22 to 32 students (45 percent).

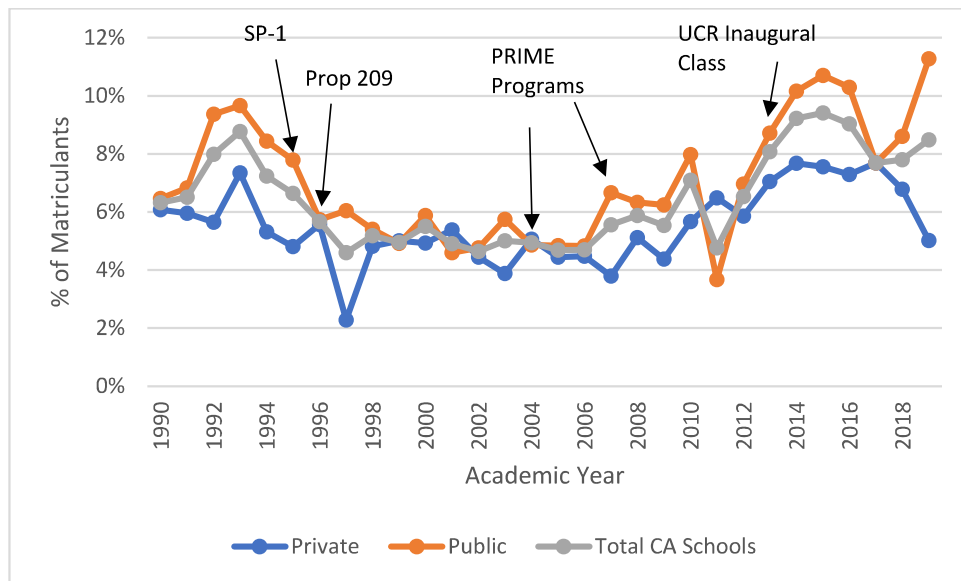
Figure 6. Number of Black/African American Matriculants to Public and Private California Medical Schools from 1990 – 2019



Source: Association of American Medical Colleges Applicant Matriculant Data File, authors’ tabulation.

Despite the relatively large increase in the number of Black/African American matriculants, there was only a small increase in the proportion of Black/African American matriculants to California medical schools, from 6 percent in 1990 to 8 percent in 2019 (Figure 7), with a post-Proposition 209 high of 9 percent from 2014 through 2016. This small change was preceded by a low of 5 percent (1997) following the enactment of Proposition 209, a proportion that remained relatively constant through 2006. Public medical schools accounted for much of the increase in the proportion of Black/African American matriculants. The proportion of Black/African American matriculants in California’s public medical schools peaked at 10 percent in 1993 and, except for a low of 4 percent in 2011, fluctuated between 5 percent and 9 percent until 2013, after which there was a general upward trend. By 2019, Black/African American students constituted 11 percent of matriculants at public medical schools – only marginally better than the percentage in the pre-Proposition 209 era. In contrast, the proportion of Black/African American matriculants at California’s private schools dropped from 6 percent to 5 percent over this 30-year period.

Figure 7. Proportion of Black/African American Matriculants to Public and Private California Medical Schools from 1990 – 2019



Source: Association of American Medical Colleges Applicant Matriculant Data File, authors’ tabulation.

Asian Matriculants

The number of Asian matriculants increased from 291 matriculants in 1990 to 573 in 2019 (96 percent). The proportion of Asian matriculants increased from 29 percent in 1990 to 40 percent in 2019 (Appendix C). With respect to public medical school matriculants, the proportion of Asian matriculants reached a low point of 27 percent in 1992 and then rose to a high of 44 percent in 2005. In 2013, the proportion of Asian medical students matriculating to California private medical schools surpassed that of public schools, a trend that has continued through 2019.

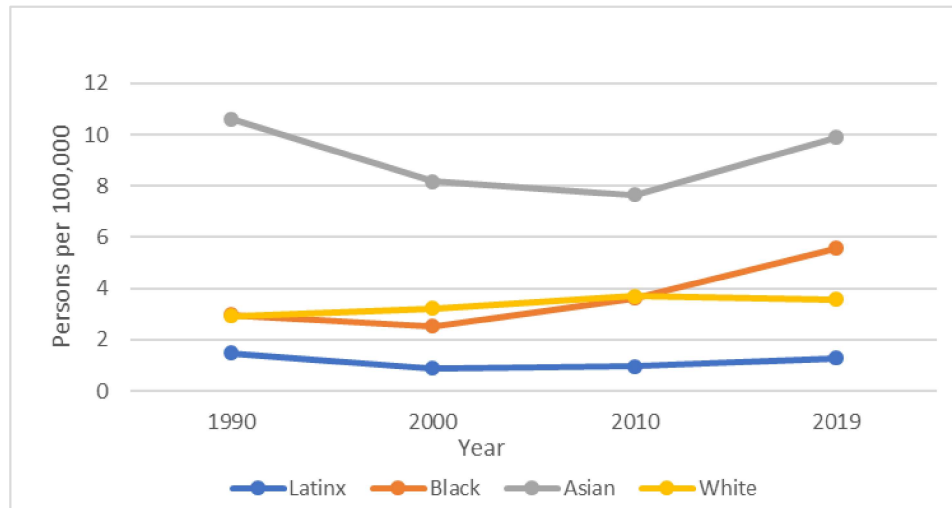
White Matriculants

Among Whites, the number of matriculants to a California medical school increased by 3 percent, from 500 in 1990 to 514 in 2019. However, the proportion of matriculants decreased from 50 percent in 1990 to 36 percent in 2019 (Appendix C). At California public medical schools, following SP-1 there was an initial increase in White matriculants from 46 percent in 1995 to 54 percent in 2006. Since 2006, there has been a general downward trend in both the number and proportion of White matriculants to California public medical schools. Since 2013,

Whites have ceased to constitute the largest racial/ethnic group among matriculants to California's private medical schools.

Trends in Matriculation to California Medical Schools as a Proportion of the Californian Population by Race/Ethnicity

Figure 8. Matriculants to California Medical Schools per 100,000 Californians by Race/Ethnicity



Source: Association of American Medical Colleges Applicant Matriculant Data File, authors' tabulation and US Census 1990 and 2000 data and American Community Survey, 2010 and 2019.

Latinx Matriculants

While the number of Latinx matriculants to California medical schools has increased, the growth has not been proportional to the growth of the Latinx population in California. From 1990 to 2019, the Latinx population grew by 106 percent from 7,557,550 to 15,574,882 (Figure 8). In 2014, the Latinx population became the largest racial/ethnic group in California, surpassing Whites.

In 1990, there were 1.49 Latinx matriculants to California medical schools per 100,000 Latinx Californians. In 2000, the ratio decreased to a low of 0.88 Latinx matriculants/100,000. The ratio was higher by 2019 though still below that of 1990 at 1.28 Latinx matriculants/100,000, a decrease of 14 percent. In short, the rapid increase in Latinx population numbers did not lead to a corresponding increase in the number of Latinx medical students, leaving the current ratio of Latinx matriculants to Latinx residents in California below that of 1990.

Black/African American Matriculants

From 1990 to 2019, the population of Black/African American Californians increased by 3 percent from 2,110,700 to 2,171,989 (Figure 8). Relative to the entire population of California, the proportion of Black/African American Californians decreased from 7 percent in 1990 to 5 percent in 2019.

The proportion of Black/African American matriculants (6 percent in 1990 and 8 percent in 2019) has kept pace with trends in the Black/African American population of California and, at times, outpaced it. In 1990, there were 2.98 Black/African American matriculants per 100,000 Black/African American Californians (Figure 8). The ratio of Black/African American matriculants/100,000 fell following the enactment of Proposition 209, reaching a low of 2.3 in 2005. In 2019, there were 5.57 Black/African American matriculants/100,000, representing an 87 percent

increase since 1990. In 2013, the number of Black/African American matriculants/100,000 surpassed the number of White matriculants/100,000.

Asian Matriculants

Similar to the rapid growth in the Latinx population, the Asian population increased by 111 percent from 2,747,780 in 1990 to 5,786,711 in 2019. While the absolute number of Asian matriculants also increased, the magnitude of that increase has not matched the rise in population numbers. In 1990, there were 10.6 Asian matriculants/100,000 Asian Californians; in 2019, that number was 9.9 (Figure 8). Overall, there was about a 7 percent decrease in the number of Asian matriculants/100,000 during this period. Despite this decrease, the number of Asian matriculants/100,000 remains substantially higher than the corresponding ratios for Latinx, Black/African American and White Californians.

White Matriculants

The White population in California decreased by 16 percent from 17,093,961 in 1990 to 14,356,081 in 2019. In 1990, there were 2.93 White matriculants to California medical schools per 100,000 White Californians (Figure 8). Following the enactment of Proposition 209, the ratio increased to 3.21 in 2000. The ratio reached a low of 2.92 in 2014 and then increased to 3.58 in 2019. Overall, the change in the ratio of White matriculants/100,000 White Californians from 1990 to 2019 was an increase of 22 percent.

Discussion

In these analyses examining race-ethnic diversity in California's MD-granting medical schools over the last 30 years, we found that California has recovered the level of diversity that existed prior to the implementation of Proposition 209, but has made little further progress. The increase in diversity has come largely from the public (i.e., UC) medical schools, despite the increase in the number of medical students matriculating at the state's private schools. Furthermore, we found that while the proportion of medical students from Latinx and Black/African American backgrounds is now slightly larger than that of the early 1990s, changes in state demographics, and particularly the growth of the Latinx population, has left California further behind in creating physicians who represent the state's diverse population.

Our findings regarding the years immediately after the enactment of Proposition 209 are consistent with those of previous studies that looked at early impacts of the UC Regents' decision and Proposition 209. Grumbach, Mertz and Coffman found that in comparison to peak years in the early 1990s, by 1998 there had been a 32 percent reduction in URM matriculants.³ An issue brief released by AAMC in 2008¹⁵ and a journal article that analyzed AAMC data through 2011 reached similar conclusions regarding the negative impact of Proposition 209 on the matriculation of URMs at California medical schools.¹⁶

Our analyses of more recent data indicate that the numbers of Black/African American and Latinx matriculants at public medical schools have increased substantially since then and that the percentages of matriculants who are Black/African American or Latinx have also increased somewhat. These findings suggest that public medical schools' concerted efforts to address issues of diversity through PRIME, holistic review, and other initiatives have helped to curb the negative impact of Proposition 209 on physician diversity.

In contrast to the growth in Black/African American and Latinx students at public medical schools, the rates at which Black/African American and Latinx students are matriculating at private medical schools have remained relatively stagnant. This finding is particularly troubling because the majority of growth in medical school enrollment over the past 30 years has occurred among private medical schools. Increasing the numbers of

Black/African American and Latinx physicians in California will require private medical schools to join public medical schools in implementing effective strategies for increasing diversity.

Although the numbers of Black/African American and Latinx medical students have rebounded from the losses that occurred in the immediate aftermath of Proposition 209, these gains need to be considered within the context of California's rapidly changing population. While Blacks/African Americans and Latinx are both underrepresented in the physician workforce relative to the population,¹⁷ underrepresentation is even more pronounced for Latinx Californians, in part due to the tremendous population growth in the past 30 years. Multiple studies have found that Latinx and Black/African American physicians are more likely to care for underserved patients,¹⁸⁻²⁰ are more likely to elicit trust,²¹ and achieve higher patient satisfaction²²⁻²⁴ and often better health outcomes in their patients of color.^{25,26} In addition, research has shown that Spanish-speaking patients are more likely to have better health outcomes when Spanish-speaking physicians help manage complex diseases like diabetes.²⁷

Overall, our analyses indicate that over the last 30 years, there has been little progress in achieving the required level of diversity within California's medical schools to meet the needs of California's population. While the absolute numbers of Latinx and Black/African American students are greater than those of 30 years ago, there has been only modest increases in the proportions of these students. The number of Latinx medical students has fallen further behind the growth of the state's Latinx population, a dispiriting conclusion for public medical schools that have focused on increasing diversity.

Since California voters did not approve Proposition 16, which would have repealed Proposition 209, increasing racial/ethnic diversity among California's medical students will require substantial investment in programs aimed at increasing the number of Black/African American and Latinx Californians who can compete successfully for admission to medical school. In 2019, the California Future Health Workforce Commission, comprised of a diverse cadre of key stakeholders from healthcare, higher education and philanthropy, issued key recommendations to address current and future health workforce needs in the areas of primary care, behavioral health and care of an aging population.⁵ We highlight several of the report's recommendations as promising strategies to increase the number of Black/African American and Latinx medical students.

To increase the number of competitive Black/African American and Latinx applicants, the Commission recommended that the state budget should include funds to support Health Careers Opportunity Program (HCOP) programs on 20 undergraduate campuses. These programs would be modeled after the federal HCOP program, which provides grants to undergraduate campuses to support comprehensive academic enrichment, advising, career development, mentorship and peer support to undergraduates from disadvantaged backgrounds who wish to become health professionals. The federal HCOP program has demonstrated success in recruiting and supporting underrepresented students of color.²⁸ Evaluations from California-based HCOP programs have shown success supporting URM enrollment into health profession graduate programs.⁵ The Commission recommended investing \$159 million over 10 years to fund 20 HCOP pilot programs at private, UC, California State University (CSU) and community college campuses. This investment would yield an estimated 25,500 new health care workers (including physicians), a majority of whom would be from underrepresented racial/ethnic groups.⁵

The Commission also recommended that the state should provide funds to expand postbaccalaureate programs for medical school reapplicants from disadvantaged backgrounds. These programs aim to strengthen the ability of applicants from disadvantaged backgrounds to secure medical school admission by helping them improve their test taking skills, scientific knowledge, and written and verbal communications skills. A study of the UC Postbaccalaureate Consortium, which encompasses postbaccalaureate programs for reapplicants on five UC campuses, found that reapplicants from disadvantaged backgrounds who participated in these programs were three to six times more likely to be admitted to medical school than similar applicants who did not participate.²⁹ The Commission recommended that the state invest \$26 million over 10 years to expand postbaccalaureate

reapplicant programs. Investing this amount would yield 1,000 additional postbaccalaureate positions and provide scholarships to cover 100 percent of tuition charged by these programs. If participants were admitted to and graduate from medical school at the same rate as alumni of the UC Postbaccalaureate Consortium, 82 percent would be admitted to medical school.⁵

The Commission also recommended increasing enrollment in the UC PRIME programs and providing stable state funding for them. These programs are successful in enrolling students from diverse backgrounds. While data gathering is ongoing, PRIME programs appear successful in producing racially/ethnically diverse physicians who care for underserved patients. The Commission recommended investing \$93.5 million over 10 years to fully fund all 354 existing seats in PRIME programs and is expected to increase the number of first-year students by 10 per year (100 additional first-year students over 10 years).⁵

State resources should be complemented by use of holistic review in admissions for all California medical schools, both public and private. The AAMC provides admissions committees with multiple tools for implementing holistic review. California medical schools can also learn from one another's experience with the AAMC's tools and tools that they have developed to inform holistic review on their campuses, such as the UC Davis School of Medicine's tool that adjusts for applicants' socio-economic disadvantages.³⁰

Increasing medical student and hence physician diversity will require concerted action at the UC undergraduate campuses (a major source of students matriculating at California's medical schools) as well as within both public and private medical schools. A substantial investment by the California legislature will also be required. These initiatives should be a key component of California's efforts to achieve greater health equity for all Californians.

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Appendix A. Timeline of Key Contextual Milestone Events

Event	Description	Date
SP-1	UC Regents' decision that prohibited consideration of race, religion, sex, color, ethnicity or national origin as criteria for admission to any program of study.	July 1995
SP-2	Similar to SP-1 above but extended the resolution to UC's employment and contracting policies.	November 1996
Proposition 209	California voters approved prohibiting state institutions from considering race and other attributes listed above for employment at state institutions.	November 1996
Launch of PRIME Programs	An innovative program focused on developing more future physicians committed serving to the underserved populations of California.	August 2004 (UCI) August 2007 (UC Davis, UCSD, UCSF) August 2008 (UCLA, UCR, Charles Drew University)
AAMC Road Map to Diversity	The beginning of intentional integration of holistic review processes to medical school admissions.	Spring 2010
Inaugural Class at UCR	The first class at University of California, Riverside began instruction.	August 2013
Inaugural Class at CNUCOM	The first class at California Northstate University College of Medicine began instruction.	August 2015
Inaugural Class at CUSM	The first class at California University of Science and Medicine began instruction.	Summer 2018

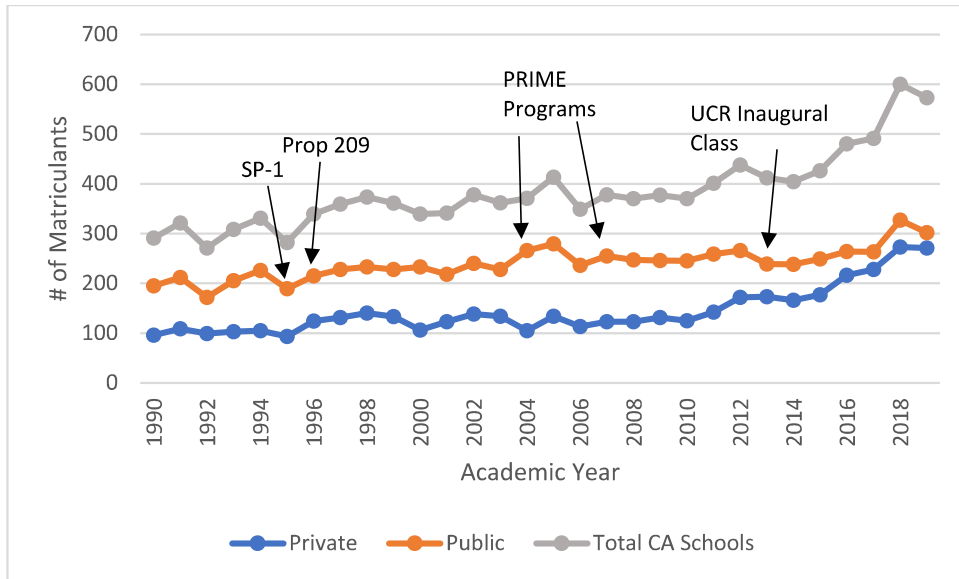
Appendix B. California's Allopathic and Osteopathic Medical Schools

California Allopathic (MD-degree granting) Medical Schools
Public
1. University of California, Davis
2. University of California, Irvine
3. University of California, Los Angeles±
4. University of California, Riverside#
5. University of California, San Diego
6. University of California, San Francisco
Private
1. California Northstate University College of Medicine#
2. California University of Science and Medicine#
3. Kaiser Permanente Bernard J. Tyson School of Medicine*#
4. Loma Linda University
5. Stanford University
6. University of Southern California
California Osteopathic (DO-degree granting) Medical Schools⁺
1. California Health Sciences University#
2. Touro University California#
3. Western University of Health Sciences, College of Osteopathic Medicine of the Pacific
±In addition to its medical school, UCLA has partnered with Charles R. Drew University since 1981 to operate the Charles R. Drew/UCLA Medical Education Program, a four-year community-based medical education program that prepares medical students who have a demonstrated commitment to care for underserved populations.
#Medical school opened in the last 30 years (1990 – 2020).
*Excluded from analyses as they did not admit their first class until fall of 2020.
+Excluded because brief only analyzed data from MD-degree granting programs.

Appendix C.

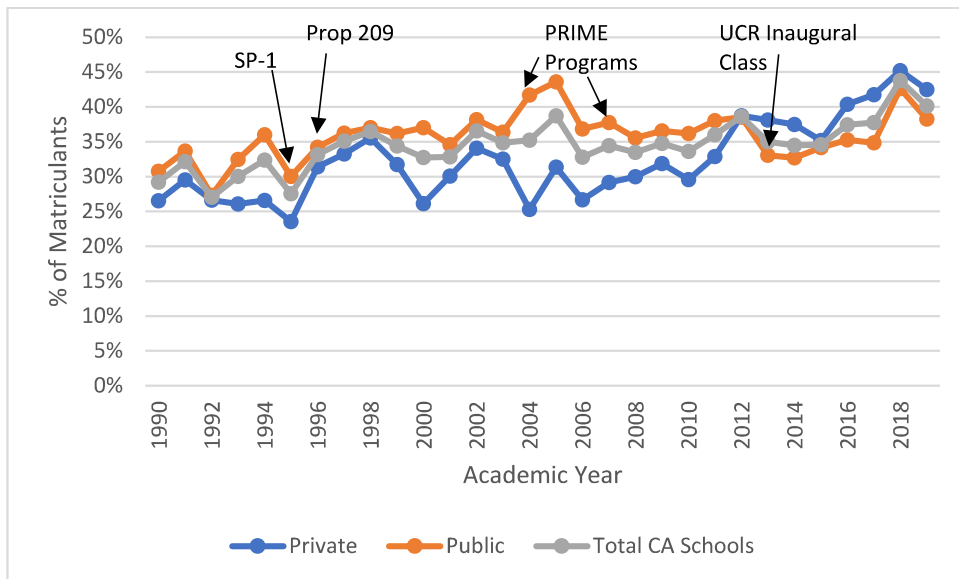
Trends in matriculation to California medical schools by race/ethnicity

Figure 9. Number of Asian Matriculants to Public and Private California Medical Schools from 1990 – 2019



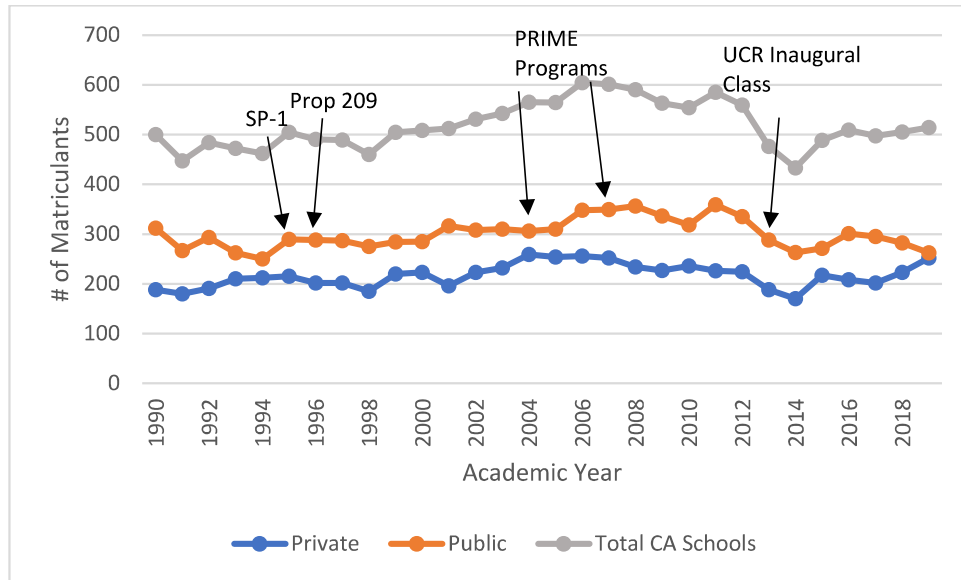
Source: Association of American Medical Colleges Applicant Matriculant Data File, authors' tabulation.

Figure 10. Proportion of Asian Matriculants to Public and Private California Medical Schools from 1990 – 2019



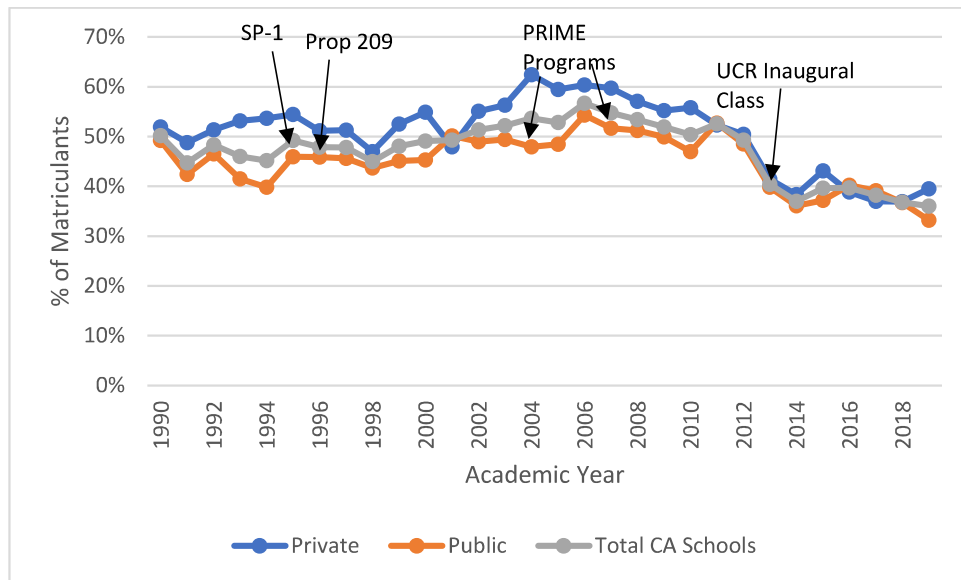
Source: Association of American Medical Colleges Applicant Matriculant Data File, authors' tabulation.

Figure 11. Number of White Matriculants to Public and Private California Medical Schools from 1990 – 2019



Source: Association of American Medical Colleges Applicant Matriculant Data File, authors’ tabulation.

Figure 12. Proportion of White Matriculants to Public and Private California Medical Schools from 1990 – 2019

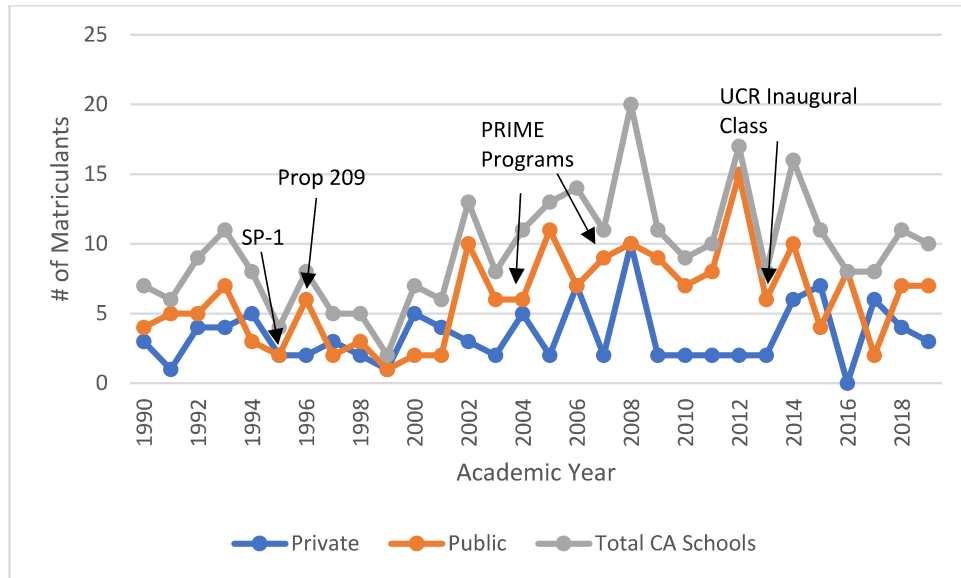


Source: Association of American Medical Colleges Applicant Matriculant Data File, authors’ tabulation.

Appendix D.

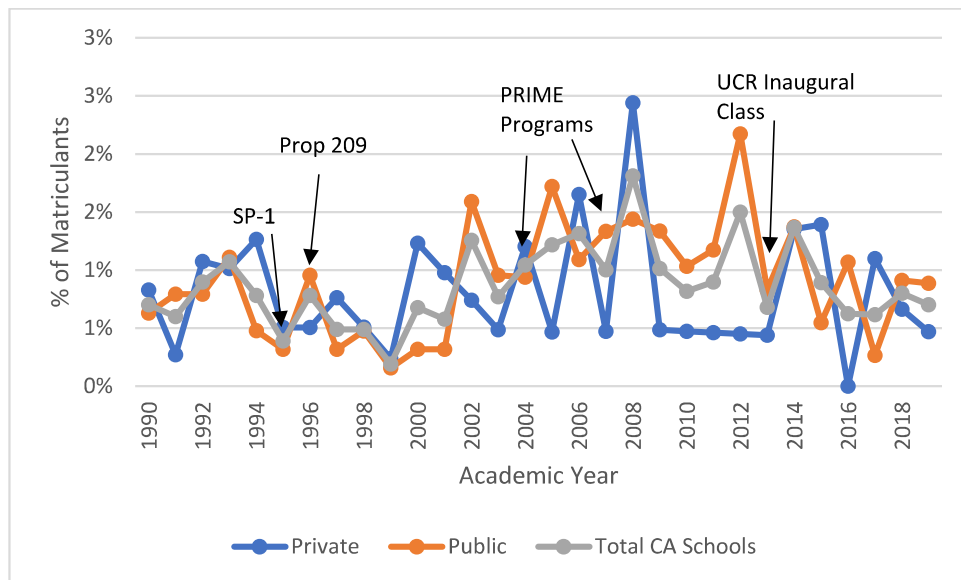
Trends in matriculation to California medical schools by race/ethnicity

Figure 13. Number of American Indian/Alaska Native Matriculants to Public and Private California Medical Schools from 1990 – 2019



Source: Association of American Medical Colleges Applicant Matriculant Data File, authors' tabulation.

Figure 14. Proportion of American Indian/Alaska Native Matriculants to Public and Private California Medical Schools from 1990 – 2019



Source: Association of American Medical Colleges Applicant Matriculant Data File, authors' tabulation.